GERTIFICATE OF BIRTH File No.—For State Registrar Only (1) PLACE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health . Registered No. Registration District No. . (For use of Local Reistrar) Inc. Town of City child is not yet named, make Supplemental report as directed Full Name of Child. W.Q child, Number in (4) Twin Parents order of birth (3) BOY OR or Triplet? (Name of Month) (Day) (Year) Married? Hes GIRL? fire To be answered only in event of Twins or Triplets MOTHER. FATHER. (14) NAME BEFORE MARRIAGE PRESENT POSTOFFICE OF MOTHER / / POSTOFFICE OF FATHER AGE AT LAST BIRTHDAY — (16) COLOR COLOR (Years) RACE OR RACE (Years) (18) BIRTHPLA (12) BIRTHPLACE (19) OCCUPATION (13) OCCUPATION (21) Number of children of this mother now living, including present birth Number of children born to mother, including present birth CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (22) I hereby certify that I attended the birth of this child, who was form alment M. or P. M.) (Born alive or stillborn) on the date above stated. (Signature) ... (24) State whether Physician or Midwife (25) Address Given name added from a supplemen-(26) Witness tal report (Signature of Witness neces when question 23 is signed by Local Reg Registrar When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the